

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013498

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NO. 1891

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City				c. CITY OR TOWN Kansas City			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2530 Denver				Length of stay in lb 70 yrs.		d. STREET ADDRESS (If outside, give location) 2530 Denver	
3. NAME OF DECEASED (Type or print) First DAN Middle E. Last QUINN				4. DATE OF DEATH Month April Day 14 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 24, 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter				10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY		9. AGE (In years last birthday) 77	
11a. FATHER'S NAME James Quinn				11b. MOTHER'S MAIDEN NAME Isabel Keenan		11c. NAME OF HUSBAND OR WIFE Bernadette M. Quinn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 495-10-6960		17. INFORMANT Address Mrs. Anne Lewis 2644 E. 7th St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma						INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621						19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from 1955 to Apr 14, 1959 and last saw her alive on Apr. 13, 1959 Death occurred at 11:35am m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Martin J. Mueller M.D.				22b. ADDRESS Argyle Bldg - K. C. Mo		22c. DATE SIGNED 4-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-16-59		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Funeral Home Woodland-Linwood				25. DATE RECD. BY LOCAL REG. 4-15-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

Martin J. Mueller use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



72-8207

Not in his office
on Wed

8-16th St. Mary's
Med Res. Co.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John H. Ryan*
Licensed Embalmer No. *299*
P. O. Address *Chgo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.